

FILED
U.S. DISTRICT COURT
DISTRICT OF WYOMING

**UNITED STATES DISTRICT COURT
DISTRICT OF WYOMING**

Rachel James,)

Plaintiff(s),)

vs.)

Quantum et al,)

Defendant(s).)

2015 DEC 7 AM 10 18

STEPHAN HARRIS, CLERK
CHEYENNE

Case No. 15cv219-S

**MOTION TO PROCEED
IN FORMA PAUPERIS AND SUPPORTING AFFIDAVIT**

I, Rachel James declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," complete questions 2-6 ONLY.
If "Yes," complete all questions and pages 3 and 4.)

If "Yes," state the place of your incarceration. _____

Are you employed at the institution? ____ Do you receive any payment from the institution? ____

Attach a statement from the institution(s) of your incarceration showing at least the past six months of your trust account.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

5/2014 \$90.00 Bi weekly Outback Steakhouse

Cheyenne WY

3. In the past 12 months have you received any money from any of the following sources?

- | | | | |
|----|--|------------------------------|--|
| a. | Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | Disability or workers' compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. | Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. | Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive. If necessary, you may add a separate sheet of paper. _____

4. Do you have **any** cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value. _____

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. I am 22 years old and have inflammatory arthritis and am currently unable to work. I live with my parents and they help support me.

I hereby authorize the United States District Court, District of Wyoming, or its representative, to investigate my financial status, and authorize any individual, corporation, or governmental entity to release any such information to the Court or its representative.

I declare under penalty of perjury that the above information is true and correct.

12/7/15
Date

Rachel James

Signature of Applicant